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Postoperative Instructions after SURGICAL FIXATION OF DISTAL RADIUS FRACTURE

1. Activity instructions:
 - a. No weight bearing with your surgical upper extremity. No pushing, pulling, or lifting with your surgical upper extremity.
 - b. Obtain an over-the-counter foam ball to grip with the surgical hand. Work on finger motion and gripping the ball at least 3 times per day.
2. Surgical dressing instructions:
 - a. Do not remove the short arm splint. If you are having a problem with it, please call the office.
 - b. You may shower or bathe when desired, but the short arm splint must be kept completely dry.
3. Pain control:
 - a. The best way to control pain is to control swelling. The best way to control swelling is to **elevate** the surgical upper extremity above the level of your heart and apply **ice** often.
 - b. An electronic prescription has been sent to your pharmacy for a 1 week supply of **narcotic pain medication**. Narcotic pain medication is sedating and constipating. Increase your fluid intake and use over-the-counter stool softeners as needed to help with constipation. Use the narcotic pain medication when your pain is most severe. Wean yourself off of the narcotic pain medication as soon as possible.
 - c. You may take **acetaminophen** in addition to, or in substitution for your narcotic pain medication, but do not exceed 3000 mg of acetaminophen in a 24 hour period from all sources.
 - d. You may take **non-steroidal anti-inflammatory drugs** (NSAIDs) such as ibuprofen in addition to, or in substitution for your narcotic pain medication. Some patients have been advised by their family physician to avoid NSAIDs. If you are unsure, call your family physician.
 - e. It is safe to combine narcotic pain medication, acetaminophen, and NSAIDs.
4. Reasons to call the office:
 - a. Foul odor or excessive drainage from your surgical dressing.
 - b. Increasing pain not relieved by pain medication.
 - c. New numbness or tingling.
 - d. Signs or symptoms of systemic illness (fever, chills, nausea, generalized weakness or body aches, etc.).

5. Follow-up:

- a. A 2 week follow-up appointment was made in the office on the day that you scheduled your surgery. If you do not know the date of the follow-up appointment, please call the office at your convenience for a reminder.